

Case Number:	CM15-0141995		
Date Assigned:	07/31/2015	Date of Injury:	04/06/1992
Decision Date:	08/28/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/22/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 69 year old female, who sustained an industrial injury on 4-06-1992, resulting from a fall. The injured worker was diagnosed as having lumbar and cervical disc displacement without myelopathy, limb pain, and osteoarthritis of the lower leg, not otherwise specified. Treatment to date has included diagnostics, massage, transcutaneous electrical nerve stimulation unit, aqua therapy, cognitive behavior therapy, and medications. Currently, the injured worker complains of chronic neck, low back, left hip, and bilateral upper extremity pain. Work status was permanent and stationary. Medication use included Norco, with reduction in pain to 5 out of 10 from 8 out of 10. She reported toleration of ambulation and light household chores with the use of medication. No side effects were noted and no aberrant behavior was described. A review of symptoms noted severe fatigue, headaches, difficulty breathing, balance problems, and depression. She appeared anxious. She was prescribed Norco and Zoloft.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.